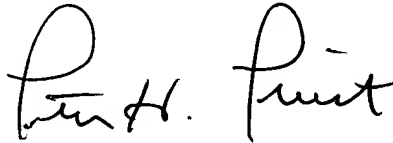


	NO. FILED		NO. EXTRA			RATE	CALCULATIONS
Total							
Claims	19	-	20	=	0	x \$ 18.00	\$ <u>0</u>
Independent							
Claims	4	-	3	=	1	x \$ 78.00	\$ <u>78.00</u>
Multiple							
Dependent Claims			NONE			x \$ 260.00	\$ <u>0</u>
Basic Fee							\$ <u>690.00</u>
						Total:	\$ <u>768.00</u>

Please file the application and charge **Lucent Technologies Inc. Deposit Account No. 12-2325** the amount of \$768.00, to cover the filing fee. A duplicate copy of this letter is enclosed. In the event of non-payment or improper payment of a required fee, the Commissioner is authorized to charge or to credit **Deposit Account No. 12-2325** as required to correct the error.

Please address all correspondence to **Peter H. Priest, Esq., Law Offices Of Peter H. Priest, 529 Dogwood Drive, Chapel Hill, North Carolina 27516**. Telephone calls should be made to undersigned attorney at 919-942-1434.

Respectfully,

A handwritten signature in cursive script that reads "Peter H. Priest". The signature is written in dark ink and is positioned above the printed name and address.

Peter H. Priest  
Reg. No. 30,210  
Attorney for Applicant(s)  
Law Offices of Peter H. Priest  
529 Dogwood Drive  
Chapel Hill, NC 27516

August 9, 2000

00634356-080900